



A198.E1864
JACC March 9, 2010
Volume 55, issue 10A



USE OF DRUG-ELUTING STENTS VARIES ACCORDING TO TYPE OF HEALTH INSURANCE

i2 Poster Contributions

Georgia World Congress Center, Hall B5

Sunday, March 14, 2010, 3:30 p.m.-4:30 p.m.

Session Title: DES II, Restenosis, Left Main and Outcomes

Abstract Category: Outcomes/Operator Volume/Public Reporting/Misc. Topics/Guidelines

Presentation Number: 2502-532

Authors: *Michael Angelo Gaglia, Jr., Rebecca Torguson, Manuel A. Gonzalez, Zhenyi Xue, Itsik Ben-Dor, Sara D. Collins, Asimir I. Syed, Gabriel Maluenda, Cedric Delhaye, Kohei Wakabayashi, Nicholas Hanna, William O. Suddath, Kenneth M. Kent, Lowell F. Satler, Augusto D. Pichard, Ron Waksman, Washington Hospital Center, Washington, DC*

Background: Percutaneous coronary intervention (PCI) with drug-eluting stents (DES) requires consideration of a patient's resources to take prolonged dual antiplatelet therapy (DAPT). We aimed to evaluate whether insurance type influences the likelihood of receiving DES.

Methods: During the DES era (April 2003 forward) we compared 9389 patients undergoing PCI with at least 1 DES to 3195 patients undergoing PCI without DES. We defined primary insurance at discharge as private, Medicare, Medicaid, or uninsured. We performed multivariable logistic regression, with receipt of DES as the outcome, to adjust for confounders.

Results: Overall, 49.0% of patients had private insurance, 45.3% had Medicare, 3.6% had Medicaid, and 2.1% no insurance. Patients receiving DES were less likely to be African American (24.3 vs. 31.0%, $p < 0.001$) or to present acutely (13.6% vs. 31.8%, $p < 0.001$). Patients receiving DES also had less comorbidities like congestive heart failure. Unadjusted death rates at 1 year were lower with DES (6.5% vs. 24.1%, $p < 0.001$). Multivariable logistic regression showed that receipt of DES was less likely for patients with Medicare (OR 0.83, 95% CI 0.74-0.94), Medicaid (OR 0.58, 95% CI 0.47-0.73), or no insurance (OR 0.58, 95% CI 0.44-0.77), compared to private insurance. (Figure)

Conclusion: Patients with government-sponsored insurance or no insurance are less likely to receive DES.

The root of this disparity is unclear, but may be due to physician-perceived practicality of prolonged DAPT.

